

EXHIBIT 1

**UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF MASSACHUSETTS**

PLANNED PARENTHOOD FEDERATION
OF AMERICA, INC.; PLANNED
PARENTHOOD LEAGUE OF
MASSACHUSETTS; and PLANNED
PARENTHOOD ASSOCIATION OF UTAH,

Plaintiffs,

v.

ROBERT F. KENNEDY, JR., in his official
capacity as SECRETARY OF THE U.S.
DEPARTMENT OF HEALTH AND
HUMAN SERVICES; U.S. DEPARTMENT
OF HEALTH AND HUMAN SERVICES;
MEHMET OZ, in his official capacity as
ADMINISTRATOR OF THE CENTERS
FOR MEDICARE & MEDICAID
SERVICES; and CENTERS FOR
MEDICARE & MEDICAID SERVICES,

Defendants.

Case No. _____

**DECLARATION OF KIMBERLY CUSTER
IN SUPPORT OF PLAINTIFFS' EMERGENCY MOTION FOR A
TEMPORARY RESTRAINING ORDER AND PRELIMINARY INJUNCTION**

I, Kimberly Custer, declare and state as follows:

1. I am employed by Planned Parenthood Federation of America, Inc. (“PPFA”) as Executive Vice President and Senior Advisor to the President of PPFA. In this role, I am responsible for, among other things, advising the President on a variety of strategic and operational objectives, leading digital health strategy development and planning, and engaging with the independent members of Planned Parenthood Federation of America (each, a “Member” and collectively, the “Members” or “Membership”). I am involved in developing strategies to address the short- and long-term needs of PPFA’s Members nationwide, and support them in their core mission of ensuring access to sexual and reproductive health care services, including abortion, regardless of income, insurance, gender identity, sexual orientation, or race.

2. I previously served as Executive Vice President and Chief Federation Engagement & Impact Officer from 2021 to 2025. In this role, I developed, led, and implemented PPFA’s strategic framework for coordinating with Members and oversaw teams responsible for having a federation-wide impact. From 2015 to 2021, I served as Executive Vice President, Health Care Division overseeing PPFA’s health care-related programs and strategies in support of Members, including those related to medical services, health education, research, contraceptive equity, health care operations, business analytics, accreditation, and evaluation for PPFA’s Members, as well as support for Member governance and leadership. Before taking on these roles at PPFA, I worked at two different Planned Parenthood Member organizations. I served as Chief Executive Officer of Planned Parenthood Keystone from 2004 to 2015, and as Vice President of Community Affairs at Planned Parenthood of Orange and San Bernardino Counties from 1997 to 2004.

3. I am over the age of eighteen, and this declaration is based on my personal knowledge, a review of PPFA’s business records, and the knowledge I have acquired in the course

of my service and duties with PPFA and Planned Parenthood Members. If called and sworn as a witness, I could and would testify competently thereto.

4. As discussed more fully below, Section 71113 of An Act to provide for reconciliation pursuant to title II of H. Con. Res. 14 (the “Defund Provision”), if allowed to remain in effect, will be devastating to the patients who rely on Planned Parenthood Member health centers for their sexual and reproductive health care. Indeed, the Defund Provision is already forcing Members to turn away patients enrolled in Medicaid. Nationwide, 51% of Planned Parenthood Member patients rely on Medicaid for their health care. And more than one-third of Members’ total revenue is from Medicaid reimbursement for services the Members provide. Because the Defund Provision bars Planned Parenthood Members from receiving federal reimbursement under the Medicaid program for the care provided to these patients, if the Defund Provision is allowed to remain in effect, Planned Parenthood Members will have to severely curtail the services they provide to many of their low-income patients. Those patients will face great difficulty in finding, and in many cases will be unable to find, alternative providers of evidence-based sexual and reproductive health care in their communities. Because many Planned Parenthood Members will also have to close health centers and/or reduce the hours they serve patients, the care of many other Planned Parenthood Member patients will be jeopardized.

5. The Defund Provision will have a severe and disproportionate impact on Members’ most vulnerable patient groups—low-income patients, individuals who live in rural and/or medically underserved areas, and communities of color. Other providers will not be able to fill the gap in services that will result, and many individuals who rely on Planned Parenthood Members will be deprived of the ability to obtain high-quality and often life-saving health care. At a minimum, over a million patients will lose their preferred health care provider and will face serious disruptions and discontinuities in their health care.

6. The Defund Provision presents an existential threat to PPFA and its Members and their patients. PPFA estimates that a substantial number of Planned Parenthood Member health centers could eventually close if the Defund Provision remains in effect and if Members continue to be unable to provide care through the Medicaid program.

I. PPFA'S MISSION AND STRUCTURE

7. PPFA is a 501(c)(3) not-for-profit corporation organized under the laws of New York. PPFA is a membership organization whose forty-seven Members are non-profit health care providers with health centers in forty-seven states and the District of Columbia, as well as a telehealth presence in all fifty states. PPFA does not itself provide health care services but supports its health care-providing Members in a variety of ways.

8. Because PPFA is not a health care provider, it does not participate in Medicaid.

9. Planned Parenthood Members are separately incorporated and independently governed 501(c)(3) non-profit corporations, each with its own CEO; governance structure, including a board of directors; staff; books; and operations. Each Planned Parenthood Member provides health care and educational services directly to the public in a distinct geographic area.

10. As part of their membership rights, PPFA Members elect PPFA's board of directors; approve changes to PPFA's bylaws and membership standards; approve PPFA's long-range goals; and determine the amount each Member pays in annual dues to PPFA.

11. As a condition of membership, PPFA requires each Member to agree to meet its membership standards (outlined in PPFA's bylaws and set by the Membership) and provides them with support and services to ensure that they are able to provide high-quality care consistent with evidence-based standards.

12. PPFA and its Members share a mission of ensuring that regardless of income, insurance, gender identity, sexual orientation, or race, people can receive high-quality, inclusive,

and comprehensive sexual and reproductive health care; providing related educational services; promoting research on sexual and reproductive health; and advocating for public policies that guarantee access to such services. For more than a century, millions of patients have turned to Planned Parenthood Members for vital health care services, sex education, and sexual health information.

13. PPFA provides support, leadership, and guidance to its Members to ensure that Members are able to provide high-quality health care and educational services directly to the public. For example, PPFA administers accreditation standards for the Membership, promulgates certain shared medical standards and guidelines, and provides leadership around certain shared policy and program initiatives. PPFA also provides practical support such as technical assistance and consultant service, programmatic grants, and fundraising support. While Members receive some grant and other funding through PPFA—an average of less than 7% annually for each Member—overall, the vast majority of each Member’s revenue comes from sources other than PPFA.

14. PPFA licenses the use of the Planned Parenthood name and well-known trademark to each Member.

15. PPFA membership is important to Members’ ability to fulfill their missions. The Planned Parenthood name sends a powerful message to the community that the Member stands for certain values and provides high-quality health care and educational services in furtherance of the shared Planned Parenthood mission. Planned Parenthood Members are viewed in communities throughout the country as providing nonjudgmental, welcoming, and compassionate care to patients seeking health care, including sexual and reproductive health care.

16. In addition to maintaining separate corporate structures, PPFA and its Members maintain separate finances and day-to-day operations. For example, PPFA and each Member

maintain separate general ledgers and file taxes separately from one another. Each has separate payrolls and employee rosters, and PPFA has no role in its Members' respective staffing or employment decisions.

17. Their structural independence means that no Member has control over the operations or decision-making processes of another. The actions or policies of one Planned Parenthood Member do not legally or operationally bind the others.

18. Similarly, PPFA does not exercise control over any Member, or vice versa.

19. Working in furtherance of the shared Planned Parenthood mission, PPFA and its Members also advocate to shape the national, state, and local landscape to create the most favorable conditions for people everywhere to have equitable access to the vital sexual and reproductive health care, including abortion, provided by Planned Parenthood Members and other non-profit sexual and reproductive health care providers. Hearing directly from Planned Parenthood Member patients and with the backing of 19 million supporters, PPFA and its Members are uniquely situated and bear a special responsibility to lead the defense against attacks on sexual and reproductive health care and to shape a national narrative that shifts public opinion while advancing the policies and systems that will preserve and improve access to care—for Planned Parenthood Member patients and all people seeking sexual and reproductive health care. Separately, each Member may have a related 501(c)(4) tax-exempt entity with its own board that works in furtherance of the Planned Parenthood mission, and PPFA has a related 501(c)(4) organization called Planned Parenthood Action Fund. These independent, separately incorporated non-profit social welfare organizations each engage in education, advocacy, and limited electoral activities that work to further the Planned Parenthood mission.

II. HEALTH CARE SERVICES PROVIDED BY PLANNED PARENTHOOD MEMBERS

20. Collectively, Planned Parenthood Members have health centers in forty-seven states and the District of Columbia and a telehealth presence in all fifty states.

21. Taken together, PPFA's forty-seven Members provide sexual and reproductive health care to more people in the United States than any other provider. Planned Parenthood Members provide medical services through nearly 600 health centers throughout the nation, serving more than two million patients each year. One out of every three women and one in ten men nationally has received care from a PPFA Member at least once in their lifetime; this number is even higher among individuals with Medicaid, 43% of whom have received services from a Member health center.¹ In 2021 alone, one in ten reproductive-aged Medicaid beneficiaries who received family planning services went to a Planned Parenthood Member health center for that care.² And in 2020, Planned Parenthood Member health centers served 33% of the total contraceptive clients served by safety-net providers—roughly 1.6 million people.³ PPFA Members play a particularly important role in providing sexual and reproductive and other health care to low-income people.

22. All PPFA Members offer a wide range of family planning services and reproductive health care, although the specific services that PPFA Members offer vary depending on the needs of the communities in which they operate and the resources available. Members typically provide

¹ Brittni Frederiksen et al., *Major Federal and State Funding Cuts Facing Planned Parenthood*, KFF (May 15, 2025), <https://www.kff.org/womens-health-policy/issue-brief/major-federal-and-state-funding-cuts-facing-planned-parenthood/>.

² Brittni Frederiksen et al., *The Impact of Medicaid and Title X on Planned Parenthood*, KFF (Apr. 16, 2025), <https://www.kff.org/medicaid/issue-brief/the-impact-of-medicaid-and-title-x-on-planned-parenthood/>.

³ Guttmacher Inst., *Federally Qualified Health Centers Could Not Readily Replace Planned Parenthood* (June 4, 2025), <https://www.guttmacher.org/news-release/2025/federally-qualified-health-centers-could-not-readily-replace-planned-parenthood>.

contraception (including long-acting reversible contraceptives (“LARCs”)), contraceptive counseling, physical exams, cancer screenings, gender-affirming hormone therapy, testing and treatment for sexually transmitted infections (“STIs”), pregnancy testing and counseling, vasectomies, colposcopies, abortion where legal, and health education services.

23. During the federal fiscal year 2023, Planned Parenthood Members served approximately 2.08 million patients and provided more than 9.4 million total services.⁴ The care Planned Parenthood Members that year included over 2.2 million birth control services, more than 5.1 million STI tests, over 400,000 abortions, and over 426,000 cancer screenings and prevention services.⁵ Abortions comprise a small fraction—approximately 4%—of Members’ services nationwide.⁶ Members also reached approximately 1.3 million people through education programming, outreach, and trainings.⁷

24. PPFA Members have a special mission to provide sexual and reproductive health care, including abortion, to historically underserved patients and communities. In many communities, a Planned Parenthood Member health center is the only place that a patient can turn to for high-quality, compassionate, and low-cost (or free) reproductive health care. Sixty-four percent of Planned Parenthood Member health centers are located in rural areas, Health Professional Shortage Areas, or Medically Underserved Areas.⁸

⁴ Planned Parenthood Fed’n of Am., *2023-2024 Annual Report*, at 6, 23 (2024), https://www.plannedparenthood.org/uploads/filer_public/ec/6d/ec6da0d6-98e5-4278-8d11-99a5cba8e615/2024-ppfa-annualreport-c3-digital.pdf [hereinafter PPFA Annual Report].

⁵ *Id.* at 6, 23.

⁶ *Id.* at 22.

⁷ *Id.* at 14.

⁸ Health Professional Shortage Areas—as designated by the Health Resources and Services Administration, an agency of the U.S. Department of Health and Human Services—are designated as having shortages of primary medical care, dental, or mental health providers. Medically Underserved Areas have a shortage of primary care health services for residents

25. Of the Planned Parenthood Member patients who report their income, 65% have incomes at or below 150% of the federal poverty level.⁹

26. Planned Parenthood Member health centers play a critical role in serving communities of color, and in many cases are the only health centers providing sexual and reproductive health care in the communities they serve. In the 2023 to 2024 reporting period, approximately 34% of Planned Parenthood Members' patients were white, 27% were Latino/a, 17% were Black, 12% did not disclose their race or their race was unknown, 4% were Asian American/Pacific Islander, 0.5% were American Indian/Alaskan Native, 4% were another race, and 2% were multiracial. As this data shows, Planned Parenthood Members serve a disproportionate number of patients of color as compared to the U.S. population.¹⁰

27. Patients choose to receive care from Planned Parenthood Members for numerous reasons.

28. Planned Parenthood Member health centers offer a range of comprehensive services that many other providers do not, such as LARCs. LARCs are the most effective methods of preventing pregnancy—they are more than 99% effective,¹¹ leading to a dramatic reduction in unintended pregnancies. Once in place, they can prevent pregnancy for up to twelve years. Member

within a geographic area. Health Res. & Servs. Admin., *What Is Shortage Designation?* (June 2023), <https://bhwh.hrsa.gov/workforce-shortage-areas/shortage-designation>.

⁹ See generally U.S. Dep't of Health & Hum. Servs., Office of the Assistant Sec'y for Plan. & Evaluation, *2025 Poverty Guidelines: 48 Contiguous States (all states except Alaska and Hawaii)*, <https://aspe.hhs.gov/sites/default/files/documents/dd73d4f00d8a819d10b2fdb70d254f7b/detailed-guidelines-2025.pdf> (last visited July 5, 2025) (the 2025 poverty level for a single individual is \$15,650 and is \$32,150 for a family of four).

¹⁰ See generally U.S. Census Bureau, *Quick Facts*, <https://www.census.gov/quickfacts/fact/table/US/PST045223> (last visited July 5, 2025).

¹¹ Am. Coll. of Obstetricians & Gynecologists, *FAQs: Long-Acting Reversible Contraception (LARC): Intrauterine Device (IUD) and Implant*, <https://www.acog.org/womens-health/faqs/long-acting-reversible-contraception-iud-and-implant> (last visited July 5, 2025).

health centers typically offer three categories of LARCs: birth control implants, hormonal intrauterine devices (“IUDs”), and non-hormonal IUDs. They also typically provide LARCs in a single visit to reduce barriers to access, whereas many providers require patients to return for a second visit.

29. Many Planned Parenthood Member health centers have language services for patients who are not proficient in English, a service that other health clinics are often not able to provide. Many Member health centers also have bilingual or multilingual staff, as well as access to interpretation and translation services. PPFA and its Members often provide educational materials in English, Spanish, and other languages commonly spoken by the patients served in particular areas.

30. Planned Parenthood Member health centers have staff trained to help patients experiencing intimate partner violence (“IPV”), and clinicians are trained to screen patients for IPV. The training includes ways to identify if a patient is experiencing reproductive or sexual coercion, such as attempts to impregnate a partner against their will, control outcomes of a pregnancy, coerce a partner to have unprotected sex, and interfere with contraceptive methods.¹² Clinicians are also specifically trained to screen for signs of abuse or coercion during telehealth visits. PPFA and its Members also provide educational resources related to healthy relationships, consent, and sexual assault.

31. Planned Parenthood Members are viewed in communities throughout the country as providing nonjudgmental, welcoming, culturally-sensitive, and compassionate care to patients seeking health care, including sexual and reproductive health care. Topics of this sort can be highly

¹² Am. Coll. Obstetricians & Gynecologists, *ACOG Committee Opinion Number 554: Reproductive and Sexual Coercion*, 121 *Obstetrics & Gynecology* 411 (2013).

sensitive for patients, some of whom may find it difficult to discuss issues of sexuality or to seek treatment for reproductive- or sex-related conditions, such as STIs.

32. Indeed, because of their concerns about privacy and being judged, many individuals use Planned Parenthood Members as their provider for sexual and reproductive health care services even when they use other providers for their other health care needs. Moreover, Planned Parenthood Members' expertise and specialization in family planning, evidence-based practices, and technology often make them the top choice for individuals seeking high-quality medical care.

33. Planned Parenthood Member health centers are also often much more convenient for and accessible to their patients than other providers of sexual and reproductive health care—even when such alternative providers are available, which is often not the case. Planned Parenthood Members are usually able to see patients quickly and in many cases on a walk-in basis. In contrast, patients seeking sexual and reproductive health care services often face long wait times for appointments at other providers. Wait times can be a serious barrier to care, especially for low-income patients, many of whom have inflexible schedules due to work and/or child care responsibilities.

34. Most Planned Parenthood Member health centers offer extended (early morning, evening, or weekend) hours. The majority offer evening appointments at least one day per week, as well as weekend appointments. Again, these extended hours are very important to patients who have inflexible schedules and have difficulty in attending medical appointments during the traditional 9-to-5 workday.

35. In addition, all Planned Parenthood Members offer online scheduling for appointments and provide health services (including appointments for contraceptives) via telehealth, which makes such services more accessible to patients with disabilities, in remote areas, who lack access to reliable transportation, and/or who have inflexible schedules. In the 2023

federal fiscal year, Planned Parenthood Member health centers provided over 296,000 telehealth appointments to patients.

36. In recent years, many Planned Parenthood Members have served an increased and critically important role with respect to the provision of care to LGBTQ+ individuals. LGBTQ+ people face lower rates of health insurance coverage, higher rates of HIV/AIDS and cancer, and higher rates of discrimination from medical providers.¹³ All Planned Parenthood Members offer HIV prevention tools like pre- or post-exposure prophylaxis (“PrEP” and “PEP,” respectively), a daily drug regimen to help prevent HIV. As of the 2024 federal fiscal year, 90% of Member health centers offer PrEP, and 77% offer PEP. Many Planned Parenthood Member health centers have programs for LGBTQ+ youth and allies, providing safe and supportive environments that allow youth to get the information and support they need to make healthy decisions and feel comfortable in their identities.

37. Planned Parenthood Member health centers are a critical source of care for transgender people nationwide. They are often the only place that transgender individuals can receive care without facing discrimination or judgment. Members provide gender-affirming hormone therapy to treat gender dysphoria as well as other services in a trans-affirming manner.

38. PPFA and its Members provide education and information to Members’ patients and the general public about sexual and reproductive health, risks, and preventive measures, reaching approximately 1.3 million individuals¹⁴ in person with education and information in their communities—and even more people online. Planned Parenthood Member educators also train

¹³ Planned Parenthood Fed’n of Am., *This is Who Planned Parenthood Is* (Sept. 2017), https://www.plannedparenthood.org/uploads/filer_public/16/3f/163fe02e-2c2d-4bcf-92f5-63386b4c4065/who_we_are_lgbtq_community_september_2017.pdf.

¹⁴ PPFA Annual Report, *supra* note 4, at 14.

teachers, school staff, and other youth-serving professionals within their communities on critical topics such as age-appropriate youth pregnancy prevention and STI prevention.

39. Planned Parenthood Members have been at the forefront of responding to recent public health crises. For example, in response to the COVID-19 pandemic, Members expanded their use of telehealth, including for medication abortion. They made changes to workflows and operations to minimize or eliminate physical contact with patients and time in the health center, including the adoption of telehealth for various components of the medication abortion care process, such as pre-abortion counseling and follow up appointments. And after the U.S. Supreme Court's decision in *Dobbs v. Jackson Women's Health Organization* led to the implementation of abortion bans in many states, Planned Parenthood Members responded to the abortion access crisis by opening health centers in states where abortion remained legal close to the borders of states with abortion bans, as well as by expanding staffing and hours in access states.

40. PPFA and its Members are committed to supporting the advancement of research and technology in sexual and reproductive health, and are well situated to do so because of the millions of patients Members serve and the range of care they provide. In the 2024 PPFA fiscal year, 69% of Members participated in at least one research study for a total of 73 unique studies between PPFA and its Members. For example, PPFA and its Members have led and participated in research concerning contraceptive methods, such as contraceptive patches, IUDs, and emergency contraception, as well as human papillomavirus ("HPV") vaccine, sharing this research in journal articles and presentations at conferences ranging from the American Public Health Association to the American Congress of Obstetricians and Gynecologists.

III. PLANNED PARENTHOOD MEMBERS' SERVICE TO MEDICAID PATIENTS

41. The Medicaid program provides health coverage for eligible low-income families and individuals. The majority of the funding for Medicaid is provided by the federal government,

but the program is administered at the state level; the amount of state funding and the exact way in which the program is administered varies from state to state. In general, the program operates by reimbursing health care providers for health care services that they have provided to enrolled Medicaid patients.

42. Medicaid reimbursement rates vary by state but are generally well below Medicare and commercial insurance rates, so many providers do not accept Medicaid patients or effectively limit the number of Medicaid patients they see.¹⁵ In many states, Medicaid reimbursement rates are significantly lower than the actual cost of delivering care.

43. Despite this, Planned Parenthood Members see Medicaid patients as part of their longstanding commitment to providing quality health care to underserved patients. As part of that commitment, Planned Parenthood Members participate in Medicaid programs in every state where they are able, a total of forty-six of forty-seven Members across forty-three states.¹⁶ No Member limits the number of Medicaid patients that it will see. Approximately 51% of Planned Parenthood Members' patients rely on Medicaid for their health care, and half of visits to Planned Parenthood Member health centers are covered by Medicaid.

44. Medicaid reimbursements for reproductive health care services, preventive care screenings, and treatment make up a large portion of Planned Parenthood Members' revenue. In

¹⁵ Cindy Mann & Adam Striar, *How Differences in Medicaid, Medicare, and Commercial Health Insurance Payment Rates Impact Access, Health Equity, and Cost*, Commonwealth Fund (Aug. 17, 2022), <https://www.commonwealthfund.org/blog/2022/how-differences-medicaid-medicare-and-commercial-health-insurance-payment-rates-impact>.

¹⁶ The Member who participated only in the Texas Medicaid program is not able to provide care through Medicaid. Texas terminated Planned Parenthood Members from its Medicaid program; the termination was enjoined for several years based on the district court's determination that there was not "even a scintilla of evidence" supporting the terminations, but that injunction was subsequently reversed on procedural grounds. *See Planned Parenthood of Greater Tex. Fam. Plan. & Preventative Health Servs., Inc. v. Smith*, 236 F. Supp. 3d 974, 998 (W.D. Tex. 2017), *vacated sub nom. Planned Parenthood of Greater Tex. Fam. Plan. & Preventative Health Servs., Inc. v. Kauffman*, 981 F.3d 347 (5th Cir. 2020).

federal fiscal year 2023, in the aggregate, more than one-third of Members' total revenue was from Medicaid reimbursements for health care services the Members provided. That year, more than half of PPFA's Members received 25% or more of their health care revenue in the form of Medicaid reimbursements. Because of the great unmet need for high-quality Medicaid providers of sexual and reproductive health care, some of those Members received the vast majority (over three quarters) of their health services revenue from Medicaid reimbursements that year.¹⁷

45. Federal law has long prohibited federal funds, including Medicaid funds, being used for abortion (except in narrow circumstances of rape, incest, and when the life of the pregnant person is in danger). This provision of federal law—commonly known as the Hyde Amendment—means that Medicaid does not cover abortion, except within these narrow exceptions. Accordingly, Planned Parenthood Members do not receive Medicaid reimbursements or any other federal funds for abortion services (other than in those very narrow circumstances).

46. For many Planned Parenthood Member patients enrolled in Medicaid, a Planned Parenthood Member is their only health care provider. In a survey of patients of publicly-funded clinics, like Planned Parenthood Member health centers, for the years 2015 to 2019, two-thirds of patients reported that the clinics were their primary source of medical care.¹⁸ And based on a survey of 725 patients of two Planned Parenthood Member health centers in Kentucky and

¹⁷ While the federal government regulates the services for which federal Medicaid funds can be used, states can, and in many cases do, cover additional services through their Medicaid programs with state-only funds. While the vast majority of Members' Medicaid reimbursements are for services reimbursed using federal funds—i.e., the federal funding that will be lost under the Defund Provision—the percentages above also include reimbursements that Members receive for services reimbursed using state-only funds.

¹⁸ Jennifer J. Frost et al., *Trends and Differentials in Receipt of Sexual and Reproductive Health Services in the United States: Services Received and Sources of Care, 2006–2019*, Guttmacher Inst. (June 2021), https://www.guttmacher.org/sites/default/files/report_pdf/sexual-reproductive-health-services-in-us-sources-care-2006-2019.pdf.

Louisiana, 60% did not have a regular source of health care besides a Planned Parenthood Member, and nearly 40% reported “instability” with their health insurance.¹⁹

IV. THE DEVASTATING IMPACT OF THE DEFUND PROVISION ON PPFA, ITS MEMBERS, AND MEMBERS’ PATIENTS

47. I have reviewed the Defund Provision and understand that it bars certain Planned Parenthood Members from receiving federal Medicaid reimbursements for the care provided to Medicaid patients. If it is not enjoined, the Defund Provision will have a devastating impact on PPFA, its Members, and the patients and communities that Members serve.

48. This is not the first time the federal government has attempted to “defund Planned Parenthood.” In 2017, the House introduced a bill initially targeting entities that provided abortions and received more than \$350 million in Medicaid funds in fiscal year 2014 for exclusion from Medicaid. Collectively, Members received over \$350 million in Medicaid funds that year. My understanding is that the 2017 House bill would not have defunded any abortion providers other than Planned Parenthood Members.²⁰

49. The Defund Provision is already affecting patients at Planned Parenthood Member health centers. It is forcing some Members to turn away patients enrolled in Medicaid; to attempt to refer them to other providers; or to offer Medicaid patients (who, by criteria of the program, have low incomes) the option to pay out-of-pocket for services where state law allows. Paying for care may be impossible for some Medicaid patients and may force some to forego other necessities such as paying for food or rent.

¹⁹ Anna Newton-Levinson et al., *Influences on Women’s Care Seeking at Planned Parenthood Health Centers in Two Southern States*, 31 *Women’s Health Issues* 485 (2021).

²⁰ See Paige Winfield Cunningham, *Planned Parenthood Defunded for One Year Under GOP Health Bill*, Wash. Post (May 4, 2017), <https://www.washingtonpost.com/news/powerpost/wp/2017/05/04/planned-parenthood-defunded-for-one-year-under-gop-health-bill/>.

50. If the Defund Provision is not enjoined, many Medicaid patients will no longer be able to receive care at their chosen provider. In many cases, they will not be able to access equivalent care elsewhere, and in some cases, they may not be able to access health care at all. This is especially true for those who already face systemic barriers to getting care and who have worse health outcomes as a result. This particularly includes groups who face systemic discrimination and barriers to economic advancement—e.g., people of color, LGBTQ+ people, and women—all of whom Members disproportionately serve and who are more likely than others to have low incomes and qualify for Medicaid coverage.

51. Even those patients who are still able to access care at a Member health center could experience longer wait times and increased costs of health care.

52. I understand that proponents of the Defund Provision have argued that there will not be a reduction in access to reproductive health care because services will be available through community health centers or other publicly funded health care providers, such as federally qualified health centers. But it is clear that other health centers will not fill the gaps left by the closure and reduced capacity of Planned Parenthood Member health centers.²¹

53. Many existing publicly funded health care providers, such as public health departments, do not provide the services that Planned Parenthood Members provide, and certainly do not provide the full range of high-quality services for lower-income patients with minimal wait times, convenient hours, and access for people with limited English proficiency. Moreover, these providers are stretched to their capacity now, and cannot serve the more than one million people who will no longer be able to obtain care at Planned Parenthood Member health centers as a result of the Defund Provision. Nor do such providers offer the nonjudgmental, welcoming, culturally-sensitive, and compassionate care that Planned Parenthood Members provide their patients.

²¹ Guttmacher Inst., *supra* note 3.

54. The Defund Provision will have a dramatic and devastating impact on PPFA Members' ability to provide necessary and often life-saving health care to their patients throughout the country, especially their most vulnerable patients who are in need of affordable, high-quality health care. Moreover, in many cases the Defund Provision will also require Members to reduce hours at their health centers or close some health centers altogether—with serious adverse consequences for the many patients served there, Medicaid and non-Medicaid alike.

55. Of the nearly 600 Planned Parenthood Member health centers, a substantial number could be at risk of closing if the Defund Provision is allowed to remain in effect, many of which are located in Medically Underserved Areas, primary care Health Professional Shortage Areas, or rural areas. At minimum it creates grave instability at a time when as many as 17 million people could lose access to Medicaid or other health insurance.²²

56. The Defund Provision would be particularly devastating to patients in Medically Underserved Areas, many of whom would likely not be able to obtain health care from alternative providers in their communities. Even those who are fortunate enough to be able to obtain care from an alternative provider will likely face delays in care, as other providers scramble to serve the more than one million Planned Parenthood Members' patients who may have to go elsewhere for health care. Delays and gaps in the care that Planned Parenthood Members provide are particularly devastating, as they can lead to undetected STIs, undetected cancers, complications in pregnancies, missed use of contraception, and other serious health conditions.

57. Due to the demographics of Planned Parenthood Members' patient populations, barring Members from receiving federal Medicaid reimbursements would have a disproportionate

²² Cynthia Cox, *About 17 Million More People Could be Uninsured due to the Big Beautiful Bill and Other Policy Changes*, KFF (July 1, 2025), <https://www.kff.org/quick-take/about-17-million-more-people-could-be-uninsured-due-to-the-big-beautiful-bill-and-other-policy-changes/>.

adverse impact on communities of color. Such communities already face barriers to quality health care that would only increase if Planned Parenthood Member health centers—many of which are one of the only providers in communities where they are located—were forced to close or reduce services.

58. The Defund Provision comes on the heels of the Trump administration’s ending of Title X funding for many Planned Parenthood Members. Title X is a federally funded family-planning grant program that enables grantees to provide certain family planning services to low-income patients based on a sliding fee scale. Title X services include some, but not all, of the reproductive health care services that are available under Medicaid, and the criteria for eligibility to receive services under Title X are different from those under Medicaid. Several Planned Parenthood Members received more than 15% of their health services revenue from Title X until recently. Without Title X funds to fill some of the coverage gaps for patients with low incomes caused by the Defund Provision, the impacts will be even greater than if just one revenue stream had been cut.

59. The Defund Provision will harm PPFA’s mission of ensuring access to comprehensive sexual and reproductive health care for all individuals, regardless of their ability to pay. Although PPFA does not directly operate health centers, all of its Members do, and—at minimum—they will be forced to reduce services to their patients as a result of being excluded from receiving federal funds under Medicaid. That injury to PPFA’s Members also harms PPFA’s mission, and PPFA will suffer substantial reputational and operational injury if the Defund Provision is not enjoined.

A. Harm to Certain Planned Parenthood Members

60. In addition to the harms to Planned Parenthood League of Massachusetts, Planned Parenthood Association of Utah, and the Planned Parenthood Members in California, all Planned

Parenthood Members enrolled in Medicaid will suffer revenue losses as a result of the Defund Provision, and their Medicaid patients may not be able to access services at a Member health center.

61. Eight Members will lose between 25 and 49% of their revenue as a result of the Defund Provision. For example, in the federal fiscal year 2023, Planned Parenthood of Wisconsin (“PPWI”) received 49% of its total revenue—\$17.6 million—from Medicaid. In the 2024 federal fiscal year, Medicaid patients made more than 35,000 visits to PPWI, representing more than half of the total visits at PPWI that year. The Guttmacher Institute estimates that publicly-supported clinics in Wisconsin would have to more than double their caseloads to meet the needs of patients currently served by PPWI.²³ Furthermore, 21% of Medicaid beneficiaries who received family planning services in Wisconsin went to PPWI.²⁴

62. An additional ten Members will lose between 15 and 24% of their total revenue, and eleven Members will lose less than 15% of their total revenue because of the Defunding Provision.

63. Based on my understanding of the definition of in the Defund Provision, ten Members who are enrolled in Medicaid do not independently meet the definition of “prohibited entity” because they do not provide abortions, did not receive more than \$800,000 in Medicaid reimbursements for federal fiscal year 2023, or both. Three of these Members (Planned Parenthood Gulf Coast, Planned Parenthood Greater Texas, and Planned Parenthood of Tennessee and North Mississippi) do not provide abortions because it is not legal in any state where their health centers are located. Other Members, including Plaintiff Planned Parenthood Association of Utah, received less than \$800,000 in Medicaid reimbursements in federal fiscal year 2023.

²³ Guttmacher Inst., *supra* note 3.

²⁴ Frederiksen et al., *supra* note 2.

64. For example, in federal fiscal year 2023, Planned Parenthood of Delaware (“PPDE”) received approximately \$273,000 in Medicaid funding, or 6% of its total revenue. In 2024, roughly 20% of PPDE patients were enrolled in Medicaid or Medicare.²⁵

B. The Experiences in States That Have Excluded Planned Parenthood Members from Medicaid or Other Government Health Care Programs Preview the Dire Harms to Come.

65. Multiple states have weaponized their animus towards Planned Parenthood and excluded Members from their Medicaid programs or from other publicly-funded health care programs—to the detriment of their own citizens. This state-level defunding has shown how harmful the exclusion of Planned Parenthood Members from Medicaid actually is—painting a dangerous picture of what will happen if the Defund Provision is not enjoined.

66. For example, beginning in 2011, Texas lawmakers took steps to remove Planned Parenthood Members in the state from receiving state and federal funds to provide health care. In 2011, Texas cut \$73 million from a joint federal-state family planning program, through which Planned Parenthood Member health centers served more than 40% of participants.²⁶

67. In 2012, Texas tried to block patients from getting care at Planned Parenthood Member health centers and other abortion providers in its federally-funded Medicaid family planning program—Women’s Health Program (“WHP”)—while still retaining federal funding for that program. After this attempt was blocked by the Obama administration in 2013, Texas

²⁵ Planned Parenthood of Del., *2024 Annual Report* (May 12, 2025), https://www.plannedparenthood.org/uploads/filer_public/b8/99/b8997f4e-0f93-4be5-aff7-26657e808b2f/2024_annual_report_final.pdf.

²⁶ Planned Parenthood Fed’n of Am., *The Harm of Defunding Planned Parenthood Health Centers* (Apr. 2025), https://www.plannedparenthood.org/uploads/filer_public/60/22/6022aa2f-caed-4946-966f-7186b9751e3c/defunding_state_cases_20_pdf.pdf?. Texas targeted Planned Parenthood by targeting “providers ‘affiliated’ with clinics that perform abortions. (By this logic, because some Planned Parenthood clinics provide abortions, none of them can receive state money.)” Emily Ramshaw, *Lawmakers Could Restore Family Planning Funds*, Tex. Trib. (Dec. 7, 2012, 6:00 AM), <https://www.texastribune.org/2012/12/07/lawmakers-could-restore-family-planning-funds/>.

lawmakers instead opted to forego federal funding altogether for the state’s family planning program and were thus able to block WHP enrollees from getting care at Planned Parenthood Member health centers and from other abortion providers in the state.²⁷

68. In 2020, the Trump administration approved federal funding for a new version of WHP called Healthy Texas Women (“HTW”) and allowed Texas to continue excluding Planned Parenthood Members from the program. And in 2021, Texas blocked Medicaid enrollees from getting care at Planned Parenthood Member health centers by terminating all three Members in Texas from the state Medicaid program.²⁸

69. All of these actions led to worse health outcomes for Texans, including less access to contraceptive care, STI testing, and cancer screening, as well as the closure of Member health centers.²⁹ Whereas 90% of HTW enrollees were able to access care in 2011 when Planned Parenthood Members were still in the program, that number dropped to 59% in 2023.³⁰ Birth control use also declined by 56% during that same period.³¹

70. Politicized attacks on Planned Parenthood Members in other states have also harmed patients. In 2017, Iowa, like Texas, ended its federally-funded Medicaid family planning waiver program, replacing it with a state-funded program that prevented Medicaid enrollees from

²⁷ Planned Parenthood Fed’n of Am., *supra* note 26. Like the 2011 action, the 2012 action targeted clinics “affiliated with abortion providers.” Alana Rocha, *Judge’s Order Allows Planned Parenthood to Remain in Women’s Health Program*, Tex. Trib. (Oct. 26, 2012, 2 PM), <https://www.texastribune.org/2012/10/26/planned-parenthood-suing-over-affiliate-ban-rule/>.

²⁸ Planned Parenthood Fed’n of Am., *supra* note 26.

²⁹ *Id.*

³⁰ See, e.g., Every Texan, *Limited Access: How Provider Exclusion Has Reshaped Care for Texas Women 1* (May 2025), https://everytexan.org/wp-content/uploads/2025/06/ProviderExclusion_Report_EveryTexan_May2025.pdf.

³¹ *Id.*

accessing family planning providers who perform abortions, including Planned Parenthood Members. Four Planned Parenthood Member health centers closed as a result of the defunding.³²

71. After Indiana enacted a 2011 law that barred Planned Parenthood Member health centers from receiving federal STI prevention funding, five Member health centers were forced to close, including one in Scott County. By 2015, Scott County had an unprecedented HIV outbreak, leading then-Governor Mike Pence to declare a public health emergency.³³

72. When Kansas blocked non-profit family planning centers, including Planned Parenthood Member health centers, from receiving Title X funds in 2011, more than 14,000 people lost access to birth control, cancer screenings, STI tests, annual pelvic exams, and other care. As a result of the cuts, one Member health center in Hays, Kansas was forced to close, leaving the area without a dedicated family planning provider.³⁴

73. In 2011, Tennessee diverted Title X funds from a Planned Parenthood Member in Shelby County—an area that ranks especially high in unintended teen pregnancies—to a faith-based entity that did not have the same capacity to see patients. By 2012, family planning services provided to women in Shelby County had dropped by 93%.³⁵

³² Planned Parenthood Fed’n of Am., *supra* note 26; *see also, e.g.*, Michaela Ramm, *Iowa’s Family Planning Service Use Plummets 85 Percent After Switch to New Program*, *Gazette* (Dec. 10, 2019, 5:31 PM), <https://www.thegazette.com/health-care-medicine/iowas-family-planning-service-use-plummets-85-percent-after-switch-to-new-program/>.

³³ Planned Parenthood Fed’n of Am., *supra* note 26; *see also, e.g.*, *Indiana Governor Declares Public Health Emergency to Battle Worst HIV Outbreak in State History*, ABC News (Mar. 26, 2015, 10:28 AM), <https://abcnews.go.com/Health/indiana-hit-worst-hiv-outbreak-state-history/story?id=29921662>.

³⁴ Planned Parenthood Fed’n of Am., *supra* note 26; *see, e.g.*, Roxana Hegeman, *Feds Push Back on States Targeting Planned Parenthood Funds*, *Associated Press* (Sept. 24, 2016), <https://apnews.com/domestic-news-domestic-news-general-news-03c09aa8420a4bce98a413449129d2f8> (“The number of Kansans who received Title X services fell from 38,461 in 2011 to 24,047 in 2015 — a decrease of more than 37 percent, according to HHS.”).

³⁵ Planned Parenthood Fed’n of Am., *supra* note 26; *see also, e.g.*, Tara Culp-Ressler, *Defunding Planned Parenthood Caused Women’s Services to Drop by 93 Percent in Tennessee County*,

VI. THE DEFUND PROVISION WILL ALSO HAVE DIRE IMPACTS ON ABORTION ACCESS OUTSIDE THE MEDICAID PROGRAM.

74. As providers of a comprehensive range of sexual and reproductive health care, Planned Parenthood Members offer safe and legal abortion services in states where abortion is legal. Planned Parenthood Members collectively provide approximately 40% of all of the abortions performed in the United States. Providing abortion is critical to PPFA's and its Members' mission of ensuring access to sexual and reproductive health care, including abortion.

75. PPFA and its Members, along with national, state, and local Planned Parenthood 501(c)(4) social welfare organizations, have long been at the forefront of the movement for sexual and reproductive rights, including access to abortion. As the nation's leading advocates for sexual and reproductive health care and education, Planned Parenthood organizations advocate at the federal, state, and local levels to protect and expand access to services and information. Before Congress, PPFA has pushed to codify the rights to abortion and contraception, block abortion bans, and repeal the Hyde Amendment.³⁶ PPFA has also advocated for access to emergency contraception and medication abortion.³⁷ Planned Parenthood Members, and when appropriate

Think Progress (Sept. 6, 2012, 6:46 PM), <https://archive.thinkprogress.org/defunding-planned-parenthood-caused-womens-services-to-drop-by-93-percent-in-tennessee-county-bc0562be7a7f/>.

³⁶ Planned Parenthood Fed'n of Am., *Tell the Senate: Vote YES on the Women's Health Protection Act*, <https://www.plannedparenthood.org/get-involved/campaigns/congress-protect-safe-legal-abortion> (last visited July 5, 2025); Planned Parenthood Fed'n of Am., *House Passes Right to Contraception Bill, Critical Step in Protecting Essential Right* (July 21, 2022), <https://www.plannedparenthood.org/about-us/newsroom/press-releases/house-passes-right-to-contraception-bill-critical-step-in-protecting-essential-right>; Planned Parenthood Fed'n of Am., *Planned Parenthood President on 45th Anniversary of the Hyde Amendment* (Sept. 30, 2021), <https://www.plannedparenthood.org/about-us/newsroom/press-releases/planned-parenthood-president-on-45th-anniversary-of-the-hyde-amendment>; Planned Parenthood Fed'n of Am., *Planned Parenthood Denounces House Committee Passage of National 20-Week Abortion Ban* (Jan. 30, 2014), <https://www.plannedparenthood.org/about-us/newsroom/press-releases/planned-parenthood-denounces-house-committee-passage-national-20-week-abortion-ban>.

³⁷ Planned Parenthood Fed'n of Am., *Planned Parenthood Applauds FDA Expansion of Access to Over-The-Counter Emergency Contraception* (Nov. 6, 2014), <https://www.plannedparenthood.org/about-us/newsroom/press-releases/planned-parenthood-applauds-fda-expansion-of-access-to-over-the-counter-emergency-contraception>; Planned Parenthood Fed'n of Am., *FDA Reaffirms*

PPFA, are active litigants fighting to secure abortion access and rights for their patients in federal and state courts across the country. Planned Parenthood Action Fund, a related 501(c)(4) organization, advocates for policies that protect care for Planned Parenthood Member patients and seeks to hold members of Congress accountable to their constituents through its congressional scorecard, communicating with and activating constituents to educate their lawmakers about the importance of sexual and reproductive health care.³⁸ Planned Parenthood Members and their related 501(c)(4) organizations play similar roles, respectively, in advocating for sexual and reproductive rights in states across the nation. Additionally, together with Members' related 501(c)(4) organizations, Planned Parenthood Action Fund has actively supported successful campaigns for reproductive freedom ballot initiatives since the Supreme Court's ruling in *Dobbs*. Separately, Planned Parenthood Action Fund and other national and local Planned Parenthood advocacy and political organizations, work to elect federal, state, and local elected officials who will support reproductive freedom and access to abortion.

76. As explained above, Medicaid does not cover abortion (except under narrow circumstances authorized by federal law) and accordingly, Members do not receive any federal funds for providing these abortions.

77. Many Planned Parenthood Member health centers primarily provide contraception, physical exams, STI testing and treatment, gender-affirming hormone therapy, and cancer screenings but also provide abortions. Although Planned Parenthood Member health clinics provide abortion through separate funding streams and entirely outside the federally-subsidized

Safety of Mifepristone, Approves New Label for Medication Abortion (Mar. 30, 2016), <https://www.plannedparenthood.org/about-us/newsroom/press-releases/fda-reaffirms-safety-of-mifepristone-approves-new-label-for-medication-abortion>.

³⁸ Planned Parenthood Action Fund, *Congressional Scorecard*, <https://www.plannedparenthoodaction.org/congressional-scorecard> (last visited July 5, 2025).

Medicaid program, the closure of clinics because of the Defund Provision will also impact the various non-Medicaid services Planned Parenthood Members offer, including abortion—since a clinic that no longer exists obviously cannot provide any services at all. Thus, the Defund Provision will force Planned Parenthood Members to provide fewer abortion services in states where abortion is legal because they will have to close health centers and reduce staff.

78. If Planned Parenthood Members were to stop performing abortions, people across the Nation would face drastic hardship in obtaining safe and high-quality abortion care. There is no way that the remaining abortion providers in this country could find the capacity to meet the need for abortion services no longer met by Planned Parenthood Members. Moreover, discontinuing of abortion services would be inconsistent with the core mission of Members and PPFA to ensure access to sexual and reproductive health care, including abortion, for all.

79. Cutting off access to abortion puts pregnant people at risk and strips people of their rights to build their families and futures as they see fit. When abortion is not accessible, women and children suffer the most. States with more abortion restrictions tend to have poorer health outcomes for women and children than other states, including higher rates of maternal and infant mortality.³⁹ According to a recent study, after *Dobbs*, mothers living in a state that banned abortion were three times more likely to die during pregnancy, childbirth, or soon after giving birth.⁴⁰ Patients who are unable to access a wanted abortion are more likely to receive public assistance

³⁹ See Ibis Reprod. Health & Ctr. for Reprod. Rights, *Evaluating Priorities: Measuring Women's and Children's Health and Well-being Against Abortion Restrictions in the States* 23 (2017), <https://ibisreproductivehealth.org/sites/default/files/files/publications/Evaluating%20Priorities%20August%202017.pdf>.

⁴⁰ Gender Equity Pol'y Inst., *The State of Reproductive Health in the United States* (Jan. 19, 2023), <https://thegepi.org/wp-content/uploads/2024/05/GEPI-State-of-Repro-Health-Report-US.pdf>.

and lack full-time employment six months after being unable to obtain an abortion.⁴¹ These economic consequences impact individuals, their families, and their communities for years to come. Furthermore, in states with laws impeding access to abortion or limiting the number of abortion clinics, both women and men have a decreased likelihood of transitioning from unemployment to employment.⁴² In contrast, when given access to abortion, women's health outcomes and economic security improve. Women living in states with policies that support women's access to health care have higher earnings and are more integrated into the workforce than women in other states.⁴³

80. This abortion care crisis is made worse by the fact that nineteen states have an abortion ban in effect.⁴⁴ As a result, health centers across these states have shuttered, making it more difficult for patients to access a variety of other health care, including preventative health services. In 2024, 155,000 people traveled out of their home state for abortion care.⁴⁵ The closure of additional Planned Parenthood Member health centers as a result of the Defund Provision will

⁴¹ Diane Greene Foster et al., *Socioeconomic Outcomes of Women Who Receive and Women Who are Denied Wanted Abortions in the United States*, 108 Am. J. Pub. Health 407 (2018).

⁴² Kate Bahn et al., *Linking Reproductive Health Care Access to Labor Market Opportunities for Women*, Ctr. for Am. Progress (Nov. 21, 2017), <https://www.americanprogress.org/issues/women/reports/2017/11/21/442653/linking-reproductive-health-care-access-labor-market-opportunities-women/>.

⁴³ *Id.* See also Asha Banerjee, *The Economics of Abortion Bans*, Econ. Pol'y Inst. (Jan. 18, 2023), <https://www.epi.org/publication/economics-of-abortion-bans/> (“While the effect of abortion denial is overwhelmingly negative economically, mentally, and physically, there is also strong evidence for the flip side of this argument: that access to abortion is associated with positive economic outcomes, including lower rates of teen births and teen marriages”).

⁴⁴ KFF, *Abortion in the United States Dashboard* (June 2, 2025), <https://www.kff.org/womens-health-policy/dashboard/abortion-in-the-u-s-dashboard>.

⁴⁵ Guttmacher Inst., *Guttmacher Institute Releases Data on State of Residence of US Abortion Patients Traveling for Care in 2024* (June 24, 2025), <https://www.guttmacher.org/news-release/2025/guttmacher-institute-releases-data-state-residence-us-abortion-patients-traveling>.

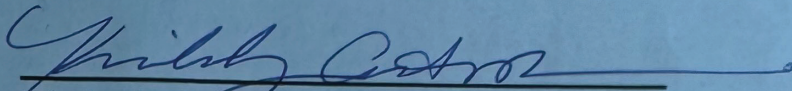
only make it harder for patients to access abortion in states where it is legal, as well as other health services.

81. As discussed above, defunding Planned Parenthood Members from Medicaid puts a substantial number of Planned Parenthood Member health centers at risk of closure. The vast majority of the health centers at risk of closure are in states where abortion is legal. An overwhelming majority of the Planned Parenthood Member health centers at risk of closure provide abortion care, meaning it will be much harder to get an abortion, in addition to other sexual and reproductive health care.

VII. INJUNCTION BOND

82. PPFA, a not-for-profit organization, is not capable of posting a bond in the amount of the federal funds that its Members receive in Medicaid reimbursements. If PPFA were required to post an injunction bond in such an amount, it would be foreclosed from pursuing judicial relief on behalf of its Members.

I declare under penalty of perjury that the foregoing is true and correct. Executed on July
6, 2025.



Kimberly Custer